



EXAMPLE ONLY

In cooperation with the U.S. Department of Labor

1

This report is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

2

The questions on this form concern the work locations of the business using Unemployment Insurance account number 1234567890 IN IDAHO.

ABC ENTERPRISES
RESIDENTIAL SERVICES CO.
ATTN: JOE SMITH
1234 MAIN STREET
SUITE 123
SOMECITY ID 12345-6789

3

Are the company name and mailing address shown in Item 2 correct for the business using the listed Unemployment Insurance account?

☐ YES ☐ NO....Please **print** corrections to the right of the address in Item 2 above.

☐ COMPANY PERMANENTLY OUT OF BUSINESS OR MOVED OUT OF IDAHO

Enter date closed or moved: _____
(Please complete this form and describe the business activity of these work locations before they were closed.)

4

Please provide a contact for us if we have questions about this report. (Please print)

Name: _____ Phone: (_____) _____ Date: _____

Title: _____ Fax: (_____) _____

Company website: _____

5

Please return the completed form to this address within 14 days. For questions concerning this form, contact:

IDAHO DEPARTMENT OF LABOR
RESEARCH AND ANALYSIS BUREAU - ES-202
317 WEST MAIN STREET
BOISE, ID 83735-0670
PHONE: (208) 332-3571 OR (800) 772-2553 FAX: (208) 334-6455

PLEASE CONTINUE ON THE BACK OF THIS PAGE.

Purpose and Use: The purpose of this report is to update information on the products or services of each worksite covered by the Unemployment Insurance Account Number shown in Item 2 above. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to each worksite, and that our records contain the correct names and addresses. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law.

Time of Completion: Time of completion is estimated to vary from 10 to 60 minutes with an average of 15 minutes per form. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, send them to the Bureau of Labor Statistics, Division of Occupational and Administrative Statistics, Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB number.

OFFICE USE	FY02	11/01/01
UI	EMPL	OWN
1234567890	56	5



INDUSTRY DESCRIPTION UI Number 1234567890 in Idaho

Page 1 of 1

Our records show that the main activity of the businesses listed below is:

238131

RESIDENTIAL structural framing and sheathing using materials other than structural steel or concrete. May include new work, additions, alterations, maintenance, and repairs.

EXAMPLES:

- * Framing contractors for residential buildings working in steel or wood
- * Residential post frame contractors
- * Residential steel framing contractors

* Fabrication of wood frame components such as trusses on residential sites.

DOES NOT INCLUDE finish carpentry, installing structural steel, or installing precast concrete framing or structural elements.

RESIDENTIAL SERVICES CO
345 LEXINGTON BLVD
SOMECITY ID 12657

COUNTY: ADA
Approximate Employment: 10
RESIDENTIAL FRAMING

OFFICE USE
00001 3 001
238131 5 000

A. Does this location mainly serve the general public or other businesses, or does it mainly support other locations of your company?

- ☐ Mainly serves the general public or other businesses (5) ☐ Mainly supports other locations of your company (8)

B. Does the industry description block above show the **main** business activity at this location? ☐ YES ☐ NO...Continue with part C.

C. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

_____%

_____%

RESIDENTIAL SERVICES CO
459 OX ROAD, SUITE 209
SOMEOTHER CITY ID 12778-0004

COUNTY: ELMORE
Approximate Employment: 15
WOOD FRAMING - RESIDENTIAL

OFFICE USE
00002 3 003
238131 5 000

A. Does this location mainly serve the general public or other businesses, or does it mainly support other locations of your company?

- ☐ Mainly serves the general public or other businesses (5) ☐ Mainly supports other locations of your company (8)

B. Does the industry description block above show the **main** business activity at this location? ☐ YES ☐ NO...Continue with part C.

C. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

_____%

_____%

RESIDENTIAL SERVICES CO
33446 HIGHWAY 24
ANOTHER CITY ID 11278

COUNTY: GEM
Approximate Employment: 11
ANOTHER CITY LOCATION

OFFICE USE
00003 3 005
238131 5 000

A. Does this location mainly serve the general public or other businesses, or does it mainly support other locations of your company?

- ☐ Mainly serves the general public or other businesses (5) ☐ Mainly supports other locations of your company (8)

B. Does the industry description block above show the **main** business activity at this location? ☐ YES ☐ NO...Continue with part C.

C. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

_____%

_____%

RESIDENTIAL SERVICES CO
2097 WASHINGTON AVE
SOMEWHERE ID 11349-3754

COUNTY: WASHINGTON
Approximate Employment: 20
WASHINGTON SUPPLY/STORAGE FACILITY

OFFICE USE
00004 3 007
238131 5 000

A. Does this location mainly serve the general public or other businesses, or does it mainly support other locations of your company?

- ☐ Mainly serves the general public or other businesses (5) ☐ Mainly supports other locations of your company (8)

B. Does the industry description block above show the **main** business activity at this location? ☐ YES ☐ NO...Continue with part C.

C. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

_____%

_____%

Thank you for your cooperation

Please return the completed form to this address within 14 days.

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